Department of Labor and Industries
Claims Section
PO Box 44291
Olympia WA 98504-4291

DOCTOR'S ESTIMATE OF PHYSICAL CAPACITIES

Name of Claimant

Claim Number

Important: Please complete the following items based on your clinical evaluation of the claimant and other testing results. Any item that you do not believe you can answer should be marked N/A. Percentages refer to a workday.

I. In an 8 hour workday, worker can: (Circle full capacity for each activity)

	Total at one time (hours)										
A)	Sit	0	1/2	1	2	3	4	5	6	7	8
B)	Stand	0	1/2	1	2	3	4	5	6	7	8
C)	Walk	0	1/2	1	2	3	4	5	6	7	8

	Total during entire 8 hour day (hours)										
A)	Sit	0	1/2	1	2	3	4	5	6	7	8
B)	Stand	0	1/2	1	2	3	4	5	6	7	8
C)	Walk	0	1/2	1	2	3	4	5	6	7	8

II. Worker can lift: *(Address any restrictions in lifting from the floor or to overhead in "Remarks" section)*

III. Worker can carry:

		Never		Seldom (0 - 1%)		Occasionally (2 - 33%)		Frequently (34 - 66%)		Continuously (67 - 100%)	
		Lift	**Carry**	**Lift**	**Carry**	**Lift**	**Carry**	**Lift**	**Carry**	**Lift**	**Carry**
A)	Up to 5 lbs										
B)	6 - 10 lbs										
C)	11 - 20 lbs										
D)	21 - 25 lbs										
E)	26 - 50 lbs										
F)	51 - 100 lbs										

IV. Worker can use hands for repetitive tasks such as:

		Simple grasping		Pushing & pulling		Fine manipulating	
A)	Right	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No
B)	Left	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No

V. Worker can use feet for repetitive movements as in operating foot controls:

Right ☐ Yes ☐ No Left ☐ Yes ☐ No

VI. Worker is able to:

		Not at all	Seldom (0 - 1%)	Occasionally (2 - 33%)	Frequently (34 - 66%)	Continuously (67 - 100%)
A)	Bend					
B)	Squat					
C)	Kneel					
D)	Crawl					
E)	Climb					
F)	Reach above shoulder level					

VII. Restriction on activities involving:

		Yes	No	If "Yes," explain:
A)	Unprotected heights			
B)	Being around moving machinery			
C)	Exposure to marked changes in temp & humidity			
D)	Driving automotive equipment			

E) Exposure to dust, fumes and gasses (Restrictions): _____

Remarks (on above, on other functional limitations):

If a performance-based physical capabilities evaluation is requested, may the worker be tested to tolerance? If not, what are the restrictions?

☐ Yes ☐ No

Date Signature of Physician